

Mel

LEVELS OF PATIENT CARE
AT
BRainerd STATE SCHOOL AND HOSPITAL

February, 1965

:'

LEVELS OF PATIENT CARE

BRAINERD STATE SCHOOL AND HOSPITAL

February, 1965

The main aim of the Treatment Program at Brainerd State School and Hospital is to continue to upgrade and improve our standards of patient care. By doing this, we hope to achieve three goals;

- 1) To provide a better service to the patient.
- 2) To provide a better service to the community and to the parents.
- 3) To enable the Institution to play a much more full and integrated role in the broad spectrum of mental retardation services that are being developed in the region which it serves.

There are five levels of care; Survival, Custodial, Group, Individual, and Research which I have described here. These form a useful internal check list by which the Hospital can determine what progress it is making towards these goals.

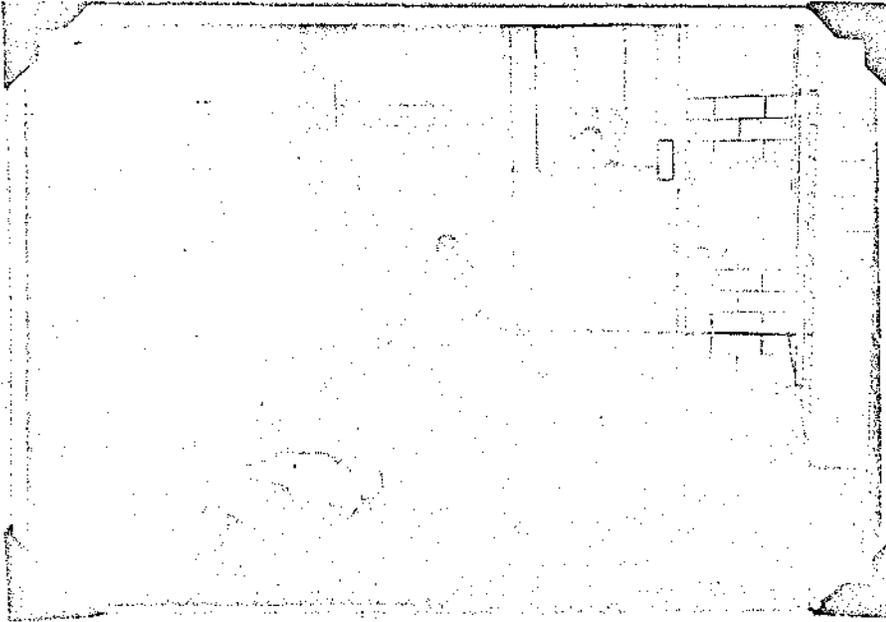
I have also mentioned a sixth level - Presurvival which I feel occurs when one patient is left in charge of a Ward of more handicapped patients.

PRESURVIVAL CARE

This is the type of care that occurs when a patient is left in charge of a Ward.

Often at Brainerd State School and Hospital, there are three Technicians on duty to look after three separate Wards in a patient Building. If one Technician leaves the Ward for classes, meetings, meals, patient escort duty, etc., then a patient is in charge and there is this level of care.

PRESURVIVAL CARE



Notice:

- 1) The barefeet of the patient, rocking his head against the bare, very clean floor. Notice the diaper. He is not toilet trained.
- 2) The patient looking in through the dormitory-window was confined in there because he was running about and punching other patients on the Ward.

The older patient is in charge of the Ward.

Notice:

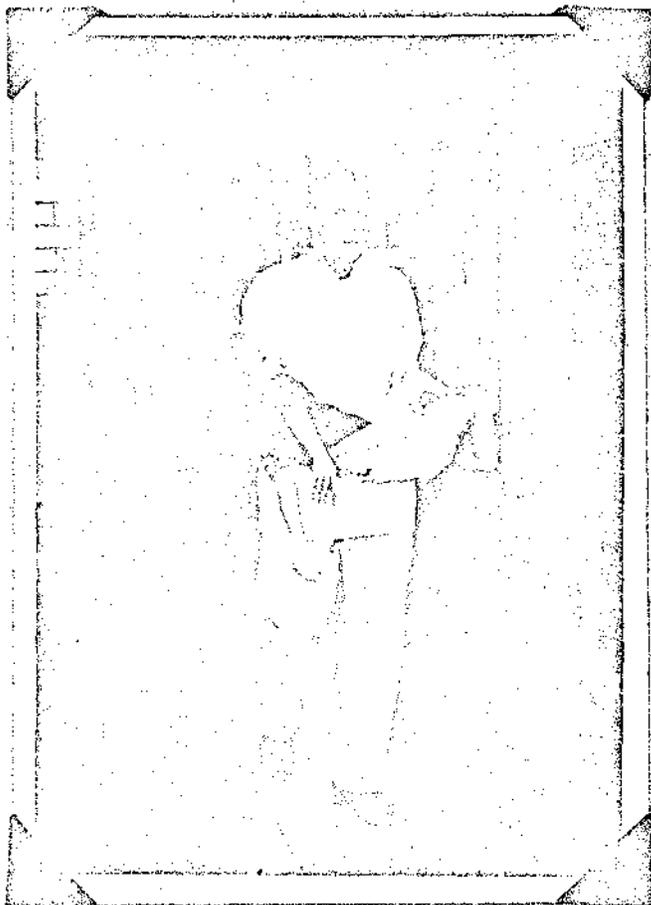
- 1) The lack of toys.
- 2) The bare feet.
- 3) The lack of trousers.
- 4) The dead expression in the eyes of the boy sitting in the left foreground and the self-preoccupation of the boy sitting on the right as compared to the mongoloid striding toward the camera.
- 5) The bandage on the forehead - the result of an un-witnessed accident.
- 6) The too short clothes of the big boy holding his hands to his ears.



SURVIVAL CARE

A survival program which provides residents with the physical care and supervision necessary to preserve life but it cannot, however, reasonably assure that residents will not suffer serious injury or physical neglect.

SURVIVAL CARE



There are 36 helpless patients in this Ward. They need total nursing care.

The Psychiatric Technician is busy bathing patients.

Edgar has an IQ of 57; he is a strong, willing patient lifter and feeder.

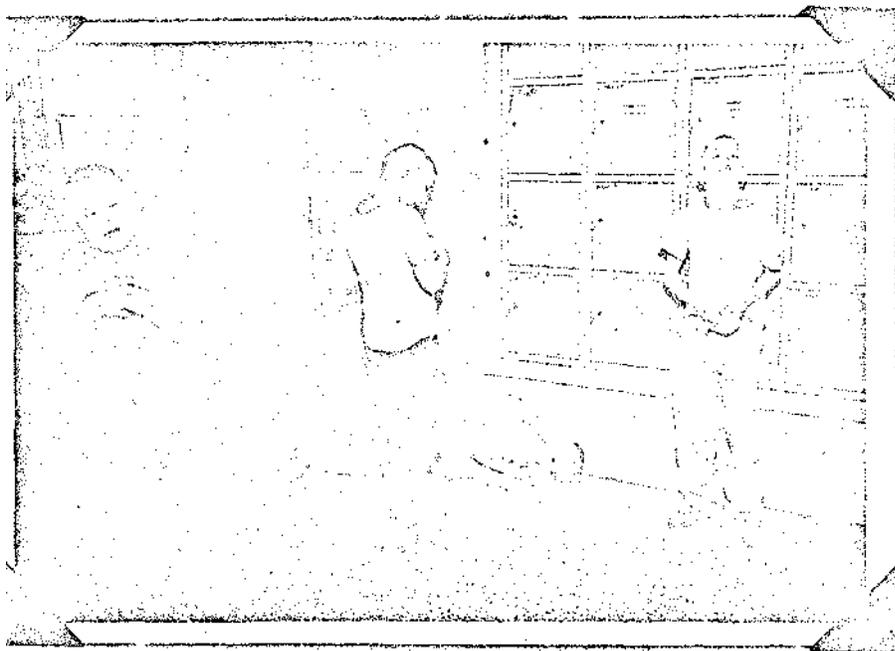
He carries patients briskly from their beds to the bathroom. A stretcher is too slow for him, he feels.

His judgment of distance is not good and patients arms and legs sometimes bump on the doorways. Notice the strong grip on the right shoulder and right knee; the dangling arms; the unsupported back; and the foot sticking out to the side.

There is one Psychiatric Technician on duty in this 30 bedded childrens Ward.

Notice;

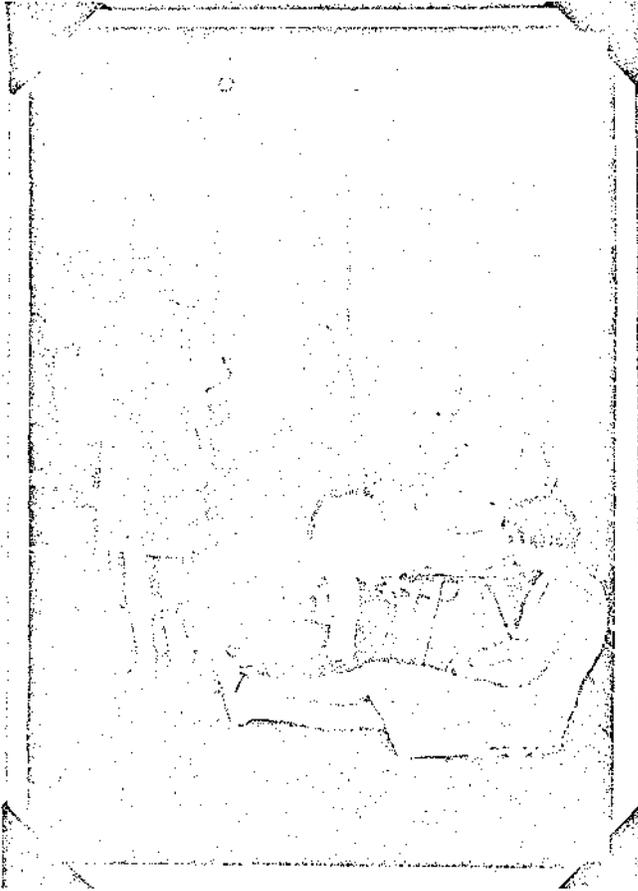
- 1) The lack of toys.
- 2) The clasped hands and the rocking motion of the two boys facing the camera - common in cases of lack of stimulation.
- 3) The too long trousers of the two boys in white-T-shirts.
- 4) The scratches on the neck of the boy with his back to the camera.



CUSTODIAL CARE

A program which reasonably assures that the resident will not suffer serious injury or physical neglect and attempts to maintain him as he is. Such a program, however, fosters "institutionalitis" and dependency so that the resident cannot learn and grow as he should.

CUSTODIAL CARE



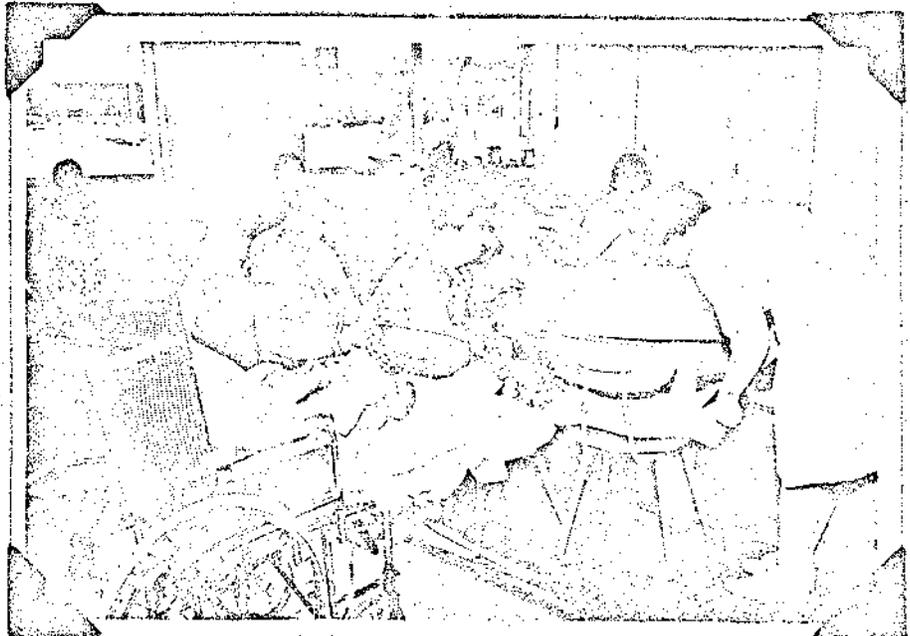
The patients are cleanly dressed and there is only one without shoes.

Two patients are sitting on the floor, however, and two are paying little attention to their surroundings.

If this patient did not have an inflamed foot, she would not be receiving this amount of physical care and personal attention.

To give her this amount means that the rest of the patients sit around the Ward.

Note the grimacing patient in the floral frock and the patient with her "back to the camera in the middle of the picture sitting with head bowed and hands clasped in her lap.



GROUP CARE

A group care program which combats "institutional-
alitis" and over-dependency by providing the
resident with opportunities to learn and grow in
small groups. The individual needs of the
resident cannot ordinarily be determined or met
at this level.

GROUP CARE



This Technician is working with a group of children not much different from those children previously-seen.

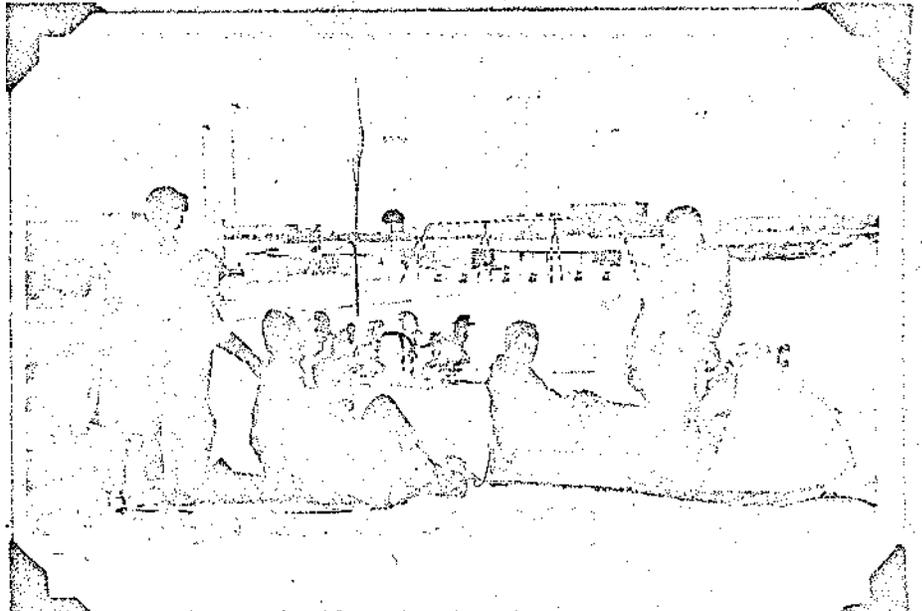
This can only be done if the Charge Technician is free herself or if she is willing to take over the main Ward from the Technician as in this picture.

This vehicle was a gift to the hospital and is used daily.

In the background is the \$75,000 playing field which in summer is used by the non-working patients in the daytime and by the working patients at night.

We believe that five times as many non-working patients could make use of the field if there were the Staff to put on their shoes, dress them neatly, escort them to the paying field and play with them or supervise them.

Without this, some patients could easily wander away from the field.



GROUP CARE

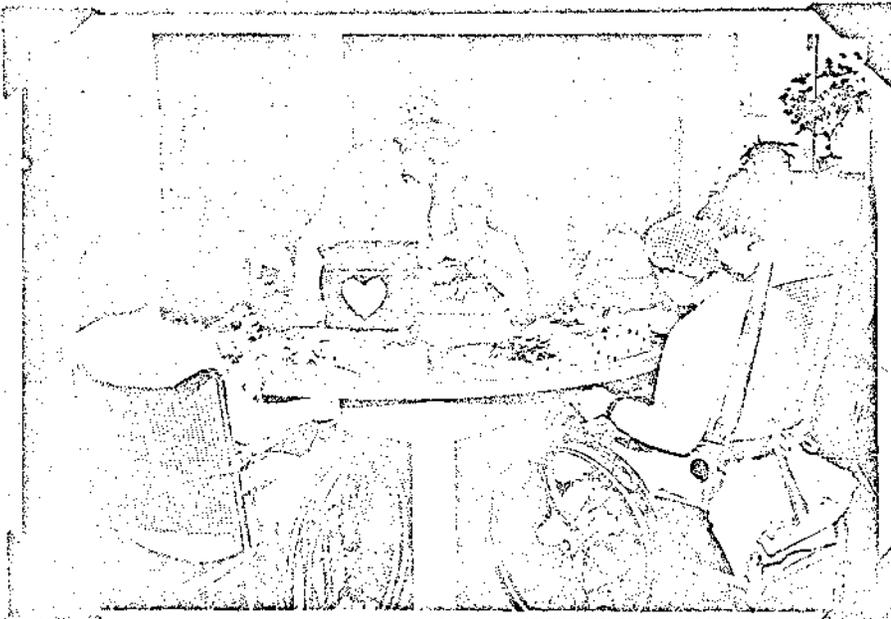
This is a Remotivation Class involving wheelchair patients.

It is a technique used by Technicians to talk to a group of patients once a week on simple topics such as:

- "The Farm"
- "The Garden"
- "Christmas"

Note the alertness of the patients and the girl pointing to the answer with her foot,

A good number of the Staff are familiar with this technique yet have not time to make use of it on their Wards.



On Tuesday mornings, Volunteers help several of the brighter wheelchair patients to do Arts and Crafts work in this Ward. The Technician helps at other times when possible.

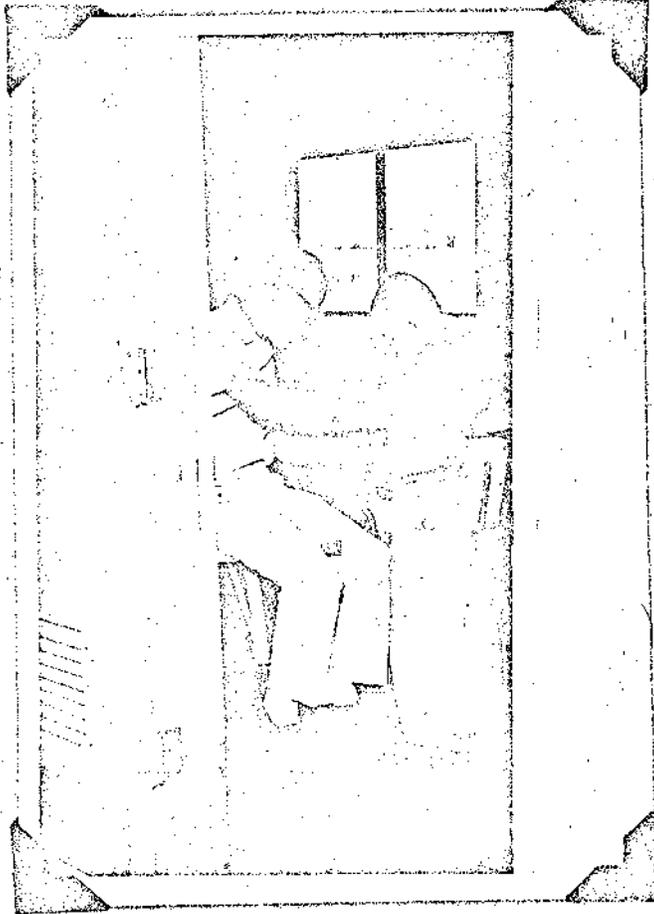
This is a Charge Technician who is working this Ward in the picture. This means that she cannot supervise the Technicians on each of the other two Wards.

Notice the patient apart from the group who is sitting much too close to the television set.

INDIVIDUAL CARE

A program designed to determine and meet the needs of the individual resident based on professionally accepted practices of care, education, and treatment.

INDIVIDUAL ATTENTION IN A GROUP SETTING



The Technician is helping this patient to replace his Valentine card in its envelope.

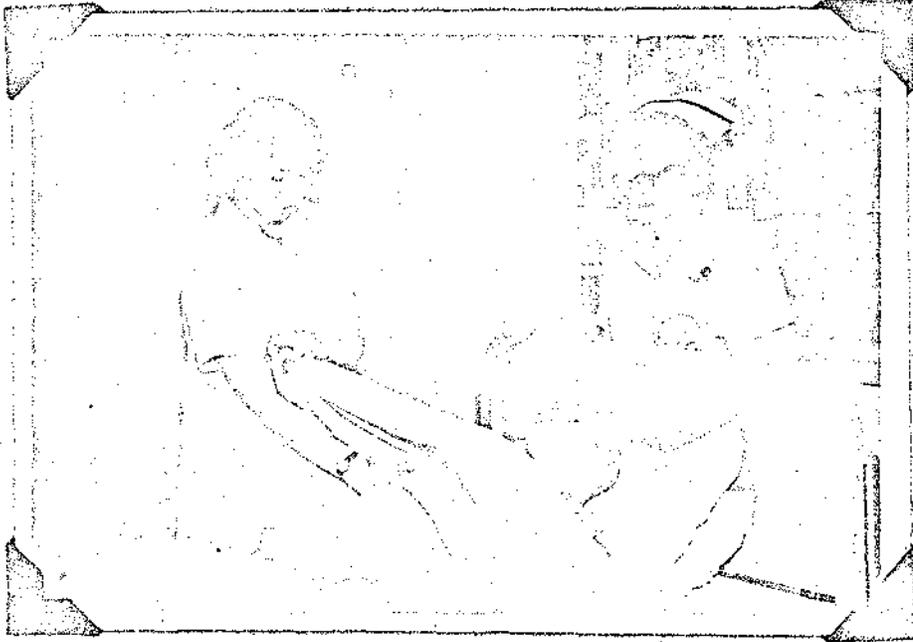
The patient had laboriously taken the card from the envelope and had it admired, read, and told whom it was from. This had taken seven minutes. During this time, the twenty-nine other patients on the Technician's Ward were receiving minimal supervision.

Giving the individual necessary attention to one deprives all the other patients under these circumstances with a Technician-Patient ratio of 1:30 or higher.

RESEARCH PROGRAM

A program which fosters discovery by questioning current practices, evaluating new ideas, and introducing them into the program through special projects such as pilot studies.

RESEARCH .



This is one of the four girls who are being trained under a Pilot Project to assess the effect of paying patient labor. They live in an independent living unit and eat in the employees cafeteria.

After one year of training, this patient will be employed in a Nursing Home as an aide's helper under the auspices of the Division of Vocational Rehabilitation.

In this picture, she is giving a return demonstration of bedmaking to the Nurse Instructor.

This is part of an attempt to expand the Industrial Therapy and work training program of the hospital. The hospital has in cooperation with the local County Welfare Boards, taken for work training:

- 1) Retardates from the local community by the day or by the working week.
- 2) Persons who need help in finding or regaining confidence in their ability to work.

23 patients who had been in hospitals collectively for 372 years are now working and living outside.

This last can be a considerable saving to the taxpayer, e.g., a patient who was recently discharged is working locally. If he carries on his work for twenty-five years, he should earn about \$45,000. A stay in the hospital for that time would cost around \$42,500.

From these descriptions, you will see that there are many variables in determining the level of care. It can vary with the type of patient, with the time of day, from Ward to Ward, and even within the same Ward. The only common factor is the pressure of work on the Technician.

I feel that the minimum standard of care should be Custodial in which at least the physical needs of the patients are attended to.

I also feel that this cannot be done unless there is one Technician on a Ward at all times.

To do this across the board, Brainerd State School and Hospital would need a Staff of 285 Psychiatric Technicians. This is not programming; but is merely making sure that there is one Technician on a Ward whether it be a Ward of 30 children or 56 bedfast patients or 36 hyperactive adults.

I have said that such Custodial care only deals with the physical needs of the patient; but the Staff do not want to do merely this. If at present, however, one raises the level of care in one area, another slips back.

Let me give you an example

For two weeks last December, two teams of eight Staff members carried out a survey of all the residents. They saw every patient and assessed their current status and broad future needs.

This use of Staff meant, however, that the Departments concerned, that is, Teaching, Psychology, Rehabilitation, and Recreation had to be closed during the period of the survey.

From this survey, it was discovered that there was a need for a unit to teach twenty mildly retarded young men social habits and work habits in a more intensive fashion so that they might stand a better chance of returning to the community.

This unit was set up; but it involved many preparatory Staff meetings and trips to the units in Fergus Falls and Cambridge. Again, the level of staffing available to the rest of the Hospital was lowered during this time.

In conclusion, I would mention that in order to give better patient care, plans have been drawn up to divide the hospital into much smaller autonomous treatment units. This plan and the philosophy behind it has been explained to all of our Hospital employees.